

02-25-02

Please type a plus sign (+) inside this box → 
**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. **TI-29773**

First Named Inventor or Application Identifier

**Krishnasamy
Anandakumar**Title **Adaptive Voice Playout in VOP**

Express Mail Label No.

EL645510570US

JC682 U.S. PTO 02/21/02

On Page 1 of the specification, before line 1, insert –This application claims priority under 35 USC § 119(e)(1) of provisional application number **60/270,264** filed **02/21/2001**.--

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents

1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		6. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification [Total Pages 18] <input type="checkbox"/> J		7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
<ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 		<input type="checkbox"/> a. Computer Readable Copy <input type="checkbox"/> b. Paper Copy (identical to computer copy) <input type="checkbox"/> c. Statement verifying identical of above copies	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC d113) [Total Sheets 3] <input type="checkbox"/> J		8. <input type="checkbox"/> Assignment Papers (cover sheet & Documents(s))	
4. Oath or Declaration [Total Pages] <input type="checkbox"/> J		<input type="checkbox"/> 9. 37 CFR §3 73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney	
a. <input type="checkbox"/> Newly Executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i>		<input type="checkbox"/> 10. English Translation Document (if applicable) <input type="checkbox"/> 11. Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
[Note Box 5 below]		<input type="checkbox"/> 12. Preliminary Amendment <input checked="" type="checkbox"/> 13. Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> <input type="checkbox"/> 14. *Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application (PTO/SB/09-12) Status still proper and desired <input type="checkbox"/> 15. Certified Copy of Priority Document(s) if foreign priority is claimed <input type="checkbox"/> 16. Other:	
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		*A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.	

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:
 Continuation Divisional Continuation-in-part (CIP) of prior application No: / .

Prior application information: Examiner _____ Group / Art Unit: _____

18. CORRESPONDENCE ADDRESS
 Customer Number or Bar Code Label
23494or Correspondence address below

(Insert Customer No. or Attach bar code label here)

NAME			
ADDRESS			
CITY	STATE	ZIP CODE	
COUNTRY	TELEPHONE	(972) 917-4365	FAX (972) 917-4418

Name (Print/Type)	Carlton H. Hoel	Registration No. (Attorney/Agent)	29,934
Signature			Date 2/21/02

EXPRESS MAIL Mailing Label No. **EL645510570US**DATE: **02/21/2002**

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

Complete If Known

Application Number

Filing Date **02/21/2002**First Named Inventor **Krishnasamy Anandakumar**

Examiner Name

Group / Art Unit

Attorney Docket No. **TI-29773**

TOTAL AMOUNT OF PAYMENT

(\$ **\$740**)**METHOD OF PAYMENT**

1. The Commissioner is hereby authorized to charge to the following Deposit Account,

Deposit Account Number

20-0668

Deposit Account Name

Texas Instruments Incorporated

- Charge any additional fee required or credit any overpayment Charge all indicated fees and any additional fee required or credit any overpayment

- 2.
-
- Payment Enclosed:

 Check Money Order Other
FEE CALCULATION**1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	\$740
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)				(\$ 740)	

2. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	8	-20** =	0	\$00
Independent Claims	3	-3** =	0	\$00
Multiple Dependent			280	\$00

**or number previously paid, if greater; For Reissue, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent Claims in excess of 3
104	280	204	140	Multiple dependent claims in excess of 3
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$ 00)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

Complete (if applicable)

SUBMITTED BY

Typed or Printed Name

Carlton H. HoelReg Number **29,934**

Signature

Date

2/21/02

Deposit Account User ID